NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

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-5/	JAN 1/2/2005
SE	CERTIFIED DEAN HELLER CRETARY OF STATE

NAME Paul S. HICKMAN MAILING ADDRESS 4034 Royal Sage Drive CITY, STATE, ZIP Rend, NV 89511 TELEPHONE 747-5158 LENGTH OF RESIDENCE IN NEVADA 50 LENGTH OF RESIDENCE IN DISTRICT WHERE RECOVOTE NRS 281.571(1)(a)	SISTERED TO
List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]: ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.59(1)(b) 281.59(1)(b	to fill unexpired term of an elected or ay appointed public
List all general sources of income for you and members of your household over 18 years of age [NRS 281.571,	Subsection 1(b)]: Self Household Member
List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secure or deed of trust on real property which is not required to be listed below, and (2) debt for which a security into vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:	

List each business entity (i.e., organization or a firm, business, trust joint venture, syndicate, c involved as a trustee, beneficiary of a trust, din a class of stock or security representing 1% or [NRS 281.571, Subsection 1(f)]:	corporation or association) ector, officer, owner in who	with which you or le or in part, limite	r a member of yo	ur hous	ehold is
				Self	Household Member
		<u> </u>			
List specific location and particular use of all r your household has a legal or beneficial interestate or an adjacent state [NRS 281.571, Subsection Specific Location 4 0 7 0 LAVA C+., C655C)	st; (2) the fair market value on 1(c)]:	of which is \$2,50	(1) in which you of the control of t) locate	d in this
List the identity of donor and value of each git during the preceding taxable year [except (1) a consanguinity or affinity; and (2) ceremonial git occasion if the donor does not have a substanti [NRS 281.571, Subsection 1(e)]:	a gift received from a perso fts received for a birthday.	on who is related wedding, annivers	to you within the sary, holiday or of	third de	emonial
		<u></u> _	\$	value oi	
			<u>\$</u>		
			\$		
THE INFORMATION I HAVE PROVIDED HER	EIN IS ACCURATE AND (COMPLETE.			
Date: 1-11-05	Signature 2 1	ek_			